

BOIMHC MENTAL HEALTH 3 STEP PROCESS

PART 2 - PLAN 14.10.25

Patient Name	Ms Kim Rogers 45713752	Date of Birth	06/04/1958
GP	Dr Marie Tan-Paredes 0291618086	Outcome Tool Used	k10 and DASS 21
Date of Plan	14.10.25	Date of Review	
Outcome tool result at assessment	DASS 21 D 28 A8 S 28 K10 K10- 38/50	Result at review	Depression scored 20 (Moderate) Anxiety scored 20 (Extremely Severe) Stress scored 34 (Extremely Severe) K10 Assessment: Score 29.

	GOAL	PLAN	REVIEW
Problem/Diagnosis	(eg reduce symptoms, improve functioning)	Action/ Task (eg Refer for Allied Health, or pharmacological treatment, or engagement of family and other supports)	
1.General Anxiety Disorder	Identify the stressors Reduce the symptoms Improve functioning Managing negative thoughts walking daily 15-30 mins gym 2-3 times per week	Attend counselling session with psychologist Review after 3-4 session	Psychologist - Ms.Michelle Hookham GP medication - started 30.9.25
2.Depressive Mood /PTSD	identify the stressors reduce symptoms planning positive activities smiling mind app daily 10 mins breathing exercises , relaxation techniques	Attend counselling session with psychologist Review after 3-4 session	Psychologist - Ms. Michelle Hookham GP
3ADHD	minimise symptoms	attend psychiatrist and psychologist review after 3-4 sessions medications nil atm reg fasting bloods and ECG	psychologist - Michelle Hookham GP psychiatrist DR. Mallick pt has ceased meds for ADHD due to side effects

For which Access to Allied Health Service is the person being referred? (Multiple responses allowed)	
Diagnostic assessment Yes /	Psycho-education Yes /
Interpersonal Therapy Yes /	
Cognitive Behavioural Therapy (CBT): Behavioural interventions Yes / Cognitive interventions Yes /	
Relaxation strategies Yes /	Skills training Yes /
Other CBT interventions (please specify):	
Other - please specify:	
If referring for CBT program - Consent form signed by patient	Yes /

Relapse Prevention Plan (if appropriate)

Emergency Care
NSW – 1800 011 511 – Mental Health Line

Patient Education	Yes	Copy of MH plan given to patient	Yes
Does the patient understand their condition?	yes		

I understand the above Mental Health Plan and agree to the outlined goals/actions	
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Patient Signature:

Date:14.10.25

GP Signature:

Date:14.10.25

Date for Mental Health Review (between 1 – 6 months):
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6-12 weeks

MBS Item Numbers for Review by GP: Level C 2574 surgery and 2575 elsewhere; Level D 2577 surgery and 2578 elsewhere.
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